

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 59     | 1/30     |
| FORMALITY REVIEW          | MM       | 780    | 12-26-00 |
| RESPONSE FORMALITY REVIEW | MM       | 1091   | 04/20/01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original |         |
| 10/12          | 4/22/01 |
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| Claim          | Date    |
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| Final Original |         |
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| Claim          | Date |
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| Final Original |      |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

TC3-780

12/28